

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
**APPLICATION FOR MANUFACTURED HOME SERVICE COMPANY  
RESPONSIBLE MANAGING EMPLOYEE LICENSE\***  
In Accordance With Idaho Code IDAPA Title 3 Chapter 11

FULL NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF FORMER EMPLOYER \_\_\_\_\_  
(If Manufactured Home Dealer, Installer, or Service Company)

FORMER EMPLOYER ADDRESS \_\_\_\_\_

**PLEASE MAKE FEE PAYABLE TO THE DIVISION OF BUILDING SAFETY IN THE AMOUNT OF \$45  
AND MAIL TO:**

DIVISION OF BUILDING SAFETY  
MANUFACTURED HOUSING SECTION  
1090 E WATERTOWER MERIDIAN, ID 83642

**I DESIRE TO ACT AS A RESPONSIBLE MANAGING EMPLOYEE FOR A MANUFACTURED HOME SERVICE COMPANY IN THE STATE OF IDAHO. I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE DIVISION OF BUILDING SAFETY MAY INVESTIGATE THE MATTERS WHICH I HAVE STATED IN THIS APPLICATION AND, BY MY EXECUTION HEREOF, I CONSENT TO ALLOW ANY PERSONS OR ENTITIES CONTACTED TO DISCLOSE INFORMATION TO THE DIVISION OF BUILDING SAFETY. I (HAVE) \_\_\_\_\_ OR (HAVE NOT) \_\_\_\_\_ PREVIOUSLY BEEN DENIED OR HAD REVOKED A RESPONSIBLE MANAGING EMPLOYEE LICENSE IN THIS OR ANY OTHER STATE. (IF YOU HAVE HAD A LICENSE DENIED OR REVOKED, PLEASE PROVIDE A WRITTEN STATEMENT SETTING FORTH THE DATE OF DENIAL OR REVOCATION, THE STATE IN WHICH THE ACTION OCCURRED, AND THE GROUNDS FOR THE ACTION.)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

**\*A responsible managing employee license is only valid for as long as such responsible managing employee is employed by the certifying service company. This license must be turned in to the service company upon termination. It is the responsibility of the service company to immediately return the responsible managing employee license to the Division of Building Safety.**

**MANUFACTURED HOME SERVICE RESPONSIBLE MANAGING EMPLOYEE CERTIFICATION**

I HEREBY CERTIFY THAT THE ABOVE APPLICATION IS A BONA FIDE EMPLOYEE OF:

\_\_\_\_\_  
PRINT OR TYPE MANUFACTURED HOME SERVICE NAME

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
SIGNATURE OF OWNER, CORPORATION OFFICER, OR DESIGNATED PERSON

\_\_\_\_\_  
DATE SIGNED

**DEPARTMENT USE ONLY**

CHECK # \_\_\_\_\_

LICENSE # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_